

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000000242

**Entity Name:** HUMANA HEALTHCARE RESEARCH, INC.**Current Principal Place of Business:**500 WEST MAIN STREET  
LOUISVILLE, KY 40202**Current Mailing Address:**PO BOX 740026  
LOUISVILLE, KY 40201-7426**FEI Number:** 42-1575099**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VICE PRESIDENT AND TREASURER  
Name BAILEY, ALAN J  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR  
Name BROUSSARD, BRUCE  
Address 500 WEST MAIN ST  
City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR, PRESIDENT AND CHIEF  
MEDICAL OFFICER  
Name SHRANK, M.D., MSHS, WILLIAM H  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title SENIOR VICE PRESIDENT, CHIEF  
ACCOUNTING OFFICER  
ANDCONTROLLER  
Name ZIPPERLE, CYNTHIA  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title SENIOR VICE PRESIDENT, TAX  
Name ROBINSON, D HANK  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR, CFO  
Name KANE, BRIAN  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT, INVESTMENTS  
Name PRESTON, W MARK  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title SENIOR LEGAL PROFESSIONAL &  
ASSISTANT CORPORATE SECRETARY  
Name DURALL, COURTNEY D.  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** D HANK ROBINSON**SENIOR VICE PRESIDENT 04/17/2020**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            ASSOCIATE VICE PRESIDENT, ASSISTANT  
                  GENERAL COUNSEL AND CORPORATE  
                  SECRETARY  
  
Name            RUSCHELL, JOSEPH M.  
  
Address        500 WEST MAIN STREET  
  
City-State-Zip: LOUISVILLE KY 40202

Title            VICE PRESIDENT  
  
Name            WILSON, RALPH M  
  
Address        PO BOX 740026  
  
City-State-Zip: LOUISVILLE KY 40201-7426

Title            ASSOCIATE VICE PRESIDENT  
  
Name            NEIRA, M.D., CLAUDIA U  
  
Address        500 WEST MAIN STREET  
  
City-State-Zip: LOUISVILLE KY 40202